

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90164 046 \*\*\*\*61.25

**DOCUMENT # N51055**

**1. Entity Name**  
**VOLUSIA VISION, INC.**



**Principal Place of Business**  
**150 MAGNOLIA AVE.**  
**DAYTONA BEACH FL 32115-2491**

**Mailing Address**  
**150 MAGNOLIA AVE.**  
**DAYTONA BEACH FL 32115-2491**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3146250**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PALMETTO CHARTER SERVICES INC.**  
**150 MAGNOLIA AVE.**  
**DAYTONA BEACH FL 32115-2491**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>KANEY, JONATHAN D JR</b> <b>150 MAGNOLIA AVE.</b> <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>ATKINSON, LARRY</b> <b>P.O. BOX 2811 NA</b> <b>DAYTONA BEACH FL 32120</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LEE, DOUGLAS</b> <b>STETSON UNIVERSITY</b> <b>DELAND FL 32728</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>DAVIDSON, HERBERT M</b> <b>P.O. BOX 2831 NA</b> <b>DAYTONA BEACH FL 32120</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>CAMPUTARO, GAIL</b> <b>PO BOX 671 NA</b> <b>DAYTONA BEACH FL 32115</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>SWANTO, RUTH</b> <b>674 DELTONA BLVD</b> <b>DELTONA FL 32725</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE: RONALD E. NOWWISKE 2/4/03 382 671-4903**

CR2E037 (10/02)

Attachment

Doc # 90031903  
NS1055

**2003 Uniform Business Report - Attachment to Item 10. Officers and Directors**

**VOLUSIA VISION, INC.**

**Ron Nowviskie**  
Director/Treasurer  
Root Organization  
275 Clyde Morris Blvd  
Ormond Beach, FL 32174

**Herky Huffman**  
Director  
Century 21-Huffman Realty  
P.O. Box 5519  
Deltona, FL 32728

**John E. Evans**  
Director/Chairman  
1041 Dunlawton Ave  
Port Orange, FL 32172